

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>09/103987</i>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	/			/			51			
3			2	/			52			
4							53			
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45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	2	1	2	1	1		100			
TOTAL DEP.	1	1	2	1	1		TOTAL IND.			
TOTAL CLAIMS	3	1	3	1	1		TOTAL DEP.			
TOTAL CLAIMS										